

ABOUT

THE VEHICLE REPAIR AND REPLACEMENT ASSISTANCE PROGRAM PROVIDES FINANCIAL ASSISTANCE TOWARDS EMISSIONS RELATED REPAIRS OR REPLACEMENT OF VEHICLES THAT ARE UNABLE TO MEET CURRENT EMISSIONS STANDARDS

INCOME QUALIFICATIONS

FINANCIAL ASSISTANCE MAY BE AWARDED TO INDIVIDUALS WITH HOUSEHOLD INCOMES AT OR BELOW 300% OF THE FEDERAL POVERTY GUIDELINES

2023 FEDERAL POVERTY GUIDELINES			
DEPENDENTS (EACH HOUSEHOLD MEMBER COUNTS AS A DEPENDENT.)	ANNUAL HOUSEHOLD INCOME		
	200%	250%	300%
1	\$29,160	\$36,450	\$43,740
2	\$39,440	\$49,300	\$59,160
3	\$49,720	\$62,150	\$74,580
4	\$60,000	\$75,000	\$90,000
EACH ADDITIONAL DEPENDENT	+\$10,280	+\$12,850	+\$15,420

INCOME SHALL BE VERIFIED USING THE ADJUSTED GROSS INCOME (AGI) REPORTED ON THE MOST RECENT FEDERAL TAX FORM






W-2, PAYSTUBS, DISABILITY STATEMENTS, ALIMONY, AND CHILD SUPPORT COURT ORDERS ARE ALSO ACCEPTABLE.

REPAIR

FINANCIAL ASSISTANCE TOWARD REPAIR IS DETERMINED BY THE VEHICLE OWNER'S HOUSEHOLD INCOME

INCOME AT OR BELOW . . .	200%	100% OF REPAIR UP TO \$1000
INCOME AT OR BELOW . . .	250%	75% OF REPAIR UP TO \$750
INCOME AT OR BELOW . . .	300%	50% OF REPAIR UP TO \$500

VEHICLE QUALIFICATIONS

-  FAILED AN EMISSIONS TEST
-  REGISTERED OR REGULARLY OPERATED IN DAVIS COUNTY
-  REGISTERED IN UTAH WITHIN THE LAST 12 MONTHS
-  REGISTERED UNDER VEHICLE OWNER'S NAME
-  NO EVIDENCE OF TAMPERING WITH EMISSIONS CONTROL SYSTEMS

HOW TO PARTICIPATE











- 1 SUBMIT THE INCLUDED APPLICATION
- 2 RECEIVE AN ASSISTANCE VOUCHER
- 3 SUBMIT VEHICLE TO A PARTICIPATING AUTO REPAIR FACILITY
- 4 AGREE TO NECESSARY REPAIRS
- 5 PAY REMAINING PORTION OF REPAIR BILL

REPLACEMENT

FINANCIAL ASSISTANCE TOWARD A REPLACEMENT VEHICLE DETERMINED BY THE VEHICLE OWNER'S HOUSEHOLD INCOME AND THE EMISSIONS RATING OF THE CAR PURCHASED

INCOME AT OR BELOW . . .	200%	\$5,500-\$7,560
INCOME AT OR BELOW . . .	250%	\$4,815-\$6,875
INCOME AT OR BELOW . . .	300%	\$4,125-\$6,190

VEHICLE QUALIFICATIONS

APPLICANT'S VEHICLE	PURCHASED VEHICLE
 MODEL YEAR 2003 AND OLDER OR T2 B5 IF REPLACED WITH T3 B30	 CURRENT OR 6 PREVIOUS MODEL YEARS
 FAILED AN EMISSIONS TEST WITHIN LAST 30 DAYS	 FEDERAL TIER 2 BIN 5 OR CLEANER
 REGISTERED OR REGULARLY OPERATED IN DAVIS COUNTY	 ODOMETER READING LESS THAN 110,000 MILES
 REGISTERED IN UTAH WITHIN LAST 12 MONTHS	 PURCHASED THROUGH A PARTICIPATING DEALERSHIP
 DRIVEN TO A PARTICIPATING DEALERSHIP	 COST NO MORE THAN \$48,125 BEFORE TAX, TITLE, AND LICENSING

HOW TO PARTICIPATE

- 1 SUBMIT THE INCLUDED APPLICATION
- 2 RECEIVE AN ASSISTANCE VOUCHER
- 3 SUBMIT VOUCHER AND OLD VEHICLE TO A PARTICIPATING DEALERSHIP
- 4 PURCHASE A QUALIFYING VEHICLE
- 5 PAY/FINANCE REMAINING PORTION OF VEHICLE PURCHASE

VEHICLE REPAIR AND REPLACEMENT ASSISTANCE PROGRAM

PLEASE BRING COMPLETED APPLICATION, PROOF OF INCOME, AND DOCUMENTATION OF A FAILED EMISSIONS TEST
TO THE DAVIS COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION, LOCATED AT:
22 S. STATE ST., CLEARFIELD, UT 84015.

REGISTERED OWNER INFORMATION

VEHICLE OWNER NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

VEHICLE INFORMATION

VEHICLE MAKE: _____ MODEL: _____ YEAR: _____ ODOMETER: _____

VEHICLE IDENTIFICATION NUMBER: _____ LICENSE PLATE: _____

ADDITIONAL INFORMATION

I AM APPLYING FOR ...

☐ VEHICLE REPAIR ASSISTANCE ☐ VEHICLE REPLACEMENT ASSISTANCE

COMPLETE THE NEXT QUESTION **ONLY** IF APPLYING FOR VEHICLE **REPLACEMENT** ASSISTANCE.

☐ I CERTIFY THAT IF IT WERE NOT FOR THIS FUNDING ASSISTANCE I WOULD
HAVE RETAINED MY VEHICLE FOR AT LEAST THREE (3) MORE YEARS.

SIGNATURE REQUIRED

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, ACCURATE, AND TRUE. I UNDERSTAND
THAT FALSIFICATION OF THIS INFORMATION AND/OR ATTACHMENTS MAY RESULT IN TERMINATION FROM OR DENIAL
OF APPLICATION FOR THE VEHICLE REPAIR AND REPLACEMENT ASSISTANCE PROGRAM. I ACKNOWLEDGE THAT
ALL INFORMATION GIVEN IS SUBJECT TO VERIFICATION.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

FAILED EMISSIONS INSPECTION? ☐ YES ☐ NO DATE: _____

UT REGISTRATION IN LAST 12 MONTHS? ☐ YES ☐ NO EVIDENCE OF TAMPERING? ☐ YES ☐ NO ☐ N/A

INCOME VERIFIED BY: _____ INCOME QUALIFICATION: 200% 250% 300%



Environmental Health Services Division
22 S. State St., Clearfield, UT 84015
(801) 525-5128



VEHICLE REPAIR AND REPLACEMENT ASSISTANCE PROGRAM



Healthy Choices. Healthy People. Healthy Communities.